1. Complete form and upload electronic copy of the application package using this link: <a href="https://app.smartsheet.com/b/form/b474ef67feda49f6ba1702b47242ed30">https://app.smartsheet.com/b/form/b474ef67feda49f6ba1702b47242ed30</a>

# 2. Send the original unbound copy directly to:

Oklahoma State Department of Health Jana Castleberry, Director Office of Primary Care and Rural Health Development 123 Robert Kerr Avenue, RM 1702 Oklahoma City, Oklahoma 73102

Please create <u>one</u> Adobe PDF file for the electronic package. Original hardcopy should be arranged in the following order:

## 1. Sponsoring Employer Cover letter

In this section, the head of the organization proposing to hire the J-1 visa physician must submit a cover letter on the facility's letterhead that includes an original signature. The cover letter must:

- Request that the OSDH act as an interested government agency and recommend a waiver for the J-1 visa physician; and
- State unequivocally that the facility is offering the J-1 visa physician at least three (3) years of employment

#### 2. Evidence of HPSA/MUA

(Please note: Information on current HPSAs can be found at https://data.hrsa.gov/tools/shortage-area/by-address. Please attached ONE page that shows each practice address and the associated HPSA/MUA number. (Note: This does not apply to "Flex" positions.) This section must include federal designated health professional shortage area (HPSA) or Medically Underserved Area (MUA) in the geographic areas the J-1 visa physician proposes to provide patient care. If the facility or sites are not located in a HPSA or MUA, please indicate any nearby HPSAs or MUAs in which the J-1 visa physician will serve patients.

## 3. Valid employment contract

This section must contain the employment contract which states the name and address of the facility and is signed and dated by **both** the J-1 visa physician and the employer. The contract must specify an offer of employment to the J-1 visa physician to provide full-time patient care for a period of at least three (3) years AND must also include the name and address of <u>all</u> practice locations in which the J-1 visa physician will be working. Full-time employment is defined as an average of 40 hours per week.

## 4. Federal Immigration Forms

This section must include:

- 1. Legible copies of the DS-2019 form for the entire period in J-1 status from entry to present
- 2. I-94
- 3. Proof of passage of any examinations required by the U.S. Immigration and Naturalization Service

#### 5. Curriculum Vitae

This section must provide a copy of the physician's curriculum vitae. (Please note the previous requirement for diplomas, license and board certifications have been removed. CV should include education and certification information.)

#### 6. Department of State Exchange Visitor Attestation Statement

The J-1 visa physician must submit a notarized, signed, and dated statement of agreement to the requirements set forth in Section 214(1) of the Immigration and Nationality Act (INA), which states:

- The J-1 visa physician has received a full-time employment at a health facility and agrees to begin employment at such facility within 90 days of receiving a J-1 visa waiver; and
- The J-1 visa physician agrees to continue work in accordance with INA requirements for a total of not less than three (3) years in an area designated as a HPSA or MUA; and
- The J-1 visa physician agrees, under penalty of the provisions of 18 USC 1001, that he/she will not submit a request to any other U.S. Government department or agency or any equivalent to act on his/her behalf in any matter relating to a waiver of his/her two-year home residency requirement while the current application for a J-1 visa waiver is pending with the OSDH

# 7. Department of State Forms and Department of State Case Number

This section must include the DS-3035 form, any supplementary pages, Waiver Division barcode and if applicable, the third-party barcode page. If the facility and/or J-1 visa physician are represented by an attorney, the attorney must submit a G-28 Entry of Appearance form on behalf of each represented party.

#### 8. Statement of Reason